TO: Group Administration Department

MINNESOTA LIFE

Fax

DATE:

COMPANY: Minnesota Life	The following forms are included in this fax:
PHONE: 1-866-881-0631	[] Enrollment form
FAX: 651-665-4827	[] Evidence of Insurability form
	[] Beneficiary Designation form
FROM:	[] Service Request Form
PHONE:	
FAX:	

You may also return all forms via US Mail:

Minnesota Life Group Administration Department 400 Robert Street Saint Paul, MN 55101

PAGES INCLUDING COVER: